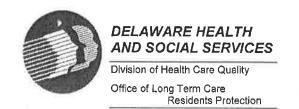
DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) D.	(X3) DATE SURVEY COMPLETED	
		085025			C 02/05/2019		
	PROVIDER OR SUPPLIE!	₹		STREET ADDRESS, CITY, STATE, ZIE 4949 OGLETOWN-STANTON ROA NEWARK, DE 19713	PCODE	2103/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 000	conducted at this through February first day of the sur	complaint survey was facility from January 28, 2019 5, 2019 The facility census the vey was 91. The survey 5. There were no deficiencies	FO				
OBATORY	DIBEC TOR'S OR BROVE	DERVSUPPLIER REPRESENTATIVES, SIG	MATHRE	TITLE	tue D	(XR) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days for ing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 d. Illowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



DHSS - DHCQ 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 421-7400

STATE SURVEY REPORT

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NAME OF FACILITY: Churchman Village

DATE SURVEY COMPLETED: February 5, 2019

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report.		
	An unannounced complaint survey was conducted at this facility from January 28, 2019 through February 5, 2019. The deficiencies contained in this report are based on observation, interviews, review of resident's clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 91. The survey sample size was 5.		
J1	Regulations for Skilled and Intermediate Care Facilities		
3201.1.0	Scope		
3201.1.2	Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.	9	
	This requirement is met as evidenced by the following: No deficiency was cited at the time of the survey.		
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